

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND 10/518783					
1 Date of Request: _____		2 Serial/Patent # _____			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
		<input checked="" type="checkbox"/> Filing	1	12/20/04	\$ 100
		<input type="checkbox"/> Amendment			\$
		<input type="checkbox"/> Extension of Time			\$
		<input type="checkbox"/> Notice of Appeal/Appeal			\$
		<input type="checkbox"/> Petition			\$
		<input type="checkbox"/> Issue			\$
		<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
		<input type="checkbox"/> Maintenance			\$
		<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$		
		7 TOTAL AMOUNT OF REFUND		\$ 100	
		8 TO BE REFUNDED BY:			
		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #:			
10 REASON:		9			
<input checked="" type="checkbox"/> Overpayment		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 2 -- 1 0 9 5 </div>			
<input type="checkbox"/> Duplicate Payment					
<input type="checkbox"/> No Fee Due (Explanation):					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>			
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>			
OFFICE: <u>PCT</u>					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: _____		DATE: _____			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**